

PROCEDURE (II-E4): Medical/Psychological Evaluation Required During Assessment

The Family Service Worker will:

- Confer with the County Supervisor/Assessment Team Coordinator concerning a complete examination/evaluation by a mental health professional if a child has one of the following:
 - Impairment of the intellectual, emotional or psychological development as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.
 - Suffered a substantial impairment in the ability to function as a result of a specific, non-accidental action or interaction committed by a parent or caretaker.
- Refer for a medical examination or consultation with a physician in the following cases unless the Area Manager allows an exception:
 - burns, fractures or dislocations in children under three years of age;
 - burns, fractures or dislocations in children of any age if unexplained or implausibly explained;
 - burns, bruises, or fractures in non-ambulatory children;
 - reasonable suspicion that vaginal or oral penetration has occurred;
 - cases involving sexually transmitted diseases in prepubescent children;
 - cases of malnutrition and failure to thrive;
 - cases of serious medical neglect;
 - cases of alleged head and abdominal injuries;
 - reports in which the child has an observable injury, the caretaker admits responsibility for the injury and there is reason to believe that there are internal injuries or other injuries which have occurred in the past.
- Conduct a cursory physical examination of a child. If the child is under the age of five, conduct the exam with the assistance of the parent/caretaker.

NOTE: A cursory physical examination is the observation of a child's external, physical condition which may require that the child's clothing be removed or rearranged.

- Involve the parent, legal guardian or legal custodian of the child whenever possible, if during the protective assessment, a medical examination is needed to determine the existence of abuse or neglect.
- Verify that the parent, legal guardian or legal custodian has exhausted all other resources before requesting DHS funds for payment.
- Consider the following in all cases in which a medical examination is required:

- The first choice is to have the child examined by the child's Primary Care Physician (PCP).
- The second choice is a pediatrician if the PCP is unavailable. The protective services worker must advise the pediatrician whether the PCP, although not physically available, is available by telephone for consultation.
- The third choice is to take the child to the emergency room of the nearest hospital.

The physical examination of children alleged to be sexually abused must be conducted by a physician or other medical personnel, not the Protective s Worker.

PROCEDURE (II-E5): Other Child Maltreatment Assessment Actions

The **Family Service Worker** will:

- Obtain X-rays, photographs, radiology procedures, medical records, other pertinent records e.g., school records, or videos from mandated reporters.
- Key all screens in the "Investigate" section of CHRIS including screens listed under the "Interview" and "Client" sections. Skip screens only when the information for that screen is unavailable.
- Make a child maltreatment investigative determination (true, unsubstantiated, exempted from finding or inactive) ~~regarding the truth of the report~~ within thirty (30) days in conference with the supervisor. (See Procedure II-E6.)
- Document the investigative determination on the "Investigation Findings" screen in CHRIS. Individual findings for each victim are also documented on the "Investigation Finding" screen. CHRIS will automatically populate the Overall Finding (true, unsubstantiated, exempted from finding due to religious exemption or exempted from finding underage juvenile aggressor) based on the individual findings.
- Document any additional information deemed necessary pertaining to the investigation on the "Investigation Closure" screen, and request supervisory approval of the determination. The request for approval will automatically go to the worker's supervisor's box for approval.
- Complete and print "Report to Prosecuting Attorney" (CFS-6003) within thirty (30) days of the initial report of severe maltreatment (Priority I reports) and send to Prosecuting Attorney and law enforcement.
- Open a Protective Services case on all true reports of sexual abuse or exploitation unless a written exception is approved by the Area Manager.
- Open an appropriate service case or make referrals for all other true reports and for unsubstantiated reports if the family needs and agrees to services.
- Release all information as requested on true reports, except the name of the reporter, to multi-disciplinary teams.
- When the subject of a report appeals the determination, refer to Policy IX-A for procedures to follow.

- [The Family Service Worker Supervisor will:](#)
- [Review the investigative determination and other pertinent screens in CHRIS.](#)
- [Approve the investigation closure on the "Investigation Closure" screen.](#)

PROCEDURE (II-E6): Child Maltreatment Investigative Determination

A Child Maltreatment ~~Investigation Assessment~~ will be determined to be true, unsubstantiated, exempted from finding due to religious exemption or inactive based on the criteria in the "Child Maltreatment Assessment Protocol" (PUB-357).

A Child Maltreatment ~~Investigation Assessment~~ will be determined TRUE in the event of:

- an admission of the fact of maltreatment by persons responsible;
- an adjudication of dependency-neglect;
- a determination of the existence of maltreatment by Division staff, based on a preponderance of the evidence;
- a medical diagnosis of failure to thrive. The Family Service Worker should, however, complete the Child Maltreatment ~~Investigation Assessment~~ in accordance with the procedures included to determine the identity of the caretaker and to conduct an assessment of the family for the purposes of determining appropriate service delivery;
- any other medical or legal form of confirmation deemed valid by the Division.

A Child Maltreatment ~~Investigation Assessment~~ will be determined UNSUBSTANTIATED in the event that:

- The allegation of child maltreatment is not supported by a preponderance of the evidence following an assessment by Division staff.
 - The assessment concludes the injuries were the result of reasonable and moderate physical discipline inflicted by a parent or guardian for the purpose of restraining or correcting the child.

A Child Maltreatment ~~Investigation Assessment~~ will be determined to be EXEMPTED FROM FINDING DUE TO RELIGIOUS EXEMPTION in the event that:

- The Family Service Worker determines that the parent's decision to withhold medical treatment was based solely upon a religious belief, choosing instead to furnish the child with prayer and spiritual treatment in accordance with a recognized religious method of healing by an accredited practitioner.

NOTE: A Family Service Worker will take a child, who is in immediate danger of severe maltreatment, into DHS custody regardless of the beliefs of the parent(s). The religious exemption does not preclude the Family Service Worker's right and responsibility to take appropriate action, including petitions to the court, to obtain necessary medical services.

A Child Maltreatment ~~Investigation Assessment~~ will have an individual finding of EXEMPTED FROM FINDING (UNDERAGE JUVENILE AGGRESSOR) if there is an overall true finding of sexual behavior by a child under the age of ten (10).

- Select the “Alleged Juvenile Aggressor – Under Age Ten” in the Role In Referral Select box on the Abuse/Neglect Screen in Referral or Investigation in CHRIS.
- Select “Exempted From Finding (Underage Juvenile Aggressor)” as the individual finding in the Investigation Findings screen in CHRIS.
- When “Exempted From Finding” (Underage Juvenile Aggressor)” appears in the individual finding, the overall finding for the investigation will be True.

Regardless of whether the child maltreatment investigation is conducted by DCFS, CACD or local law enforcement, the investigative determination shall be made within thirty (30) days.

A Child Maltreatment Investigation Assessment will be determined INACTIVE in the event that the investigation cannot be completed. A case may go into an inactive status if a family was located initially but later moved and may be located later; or, the assessment was started but enough information was not gathered to finish it, etc. Failure to complete the investigation assessment within the required 30 days is NOT a reason to place a case on inactive status. The report MUST document why the investigation assessment could not be completed. A case will remain on inactive status for one (1) year, at which time it will be expunged.

- Document weekly visit contacts in the CHRIS client information screen by clicking on services/contacts and selecting new for each new client contact. Include the proposed visitation schedule in the case record documentation.
- Weekly contacts must be maintained for cases within “High and Intensive Risk levels and for families where the child’s or family’s situation raises protective concerns and where weekly contact is necessary to monitor the family situation and assure child safety. In addition, the worker should maintain weekly visits if the child is experiencing a period of crisis in the home, school, or community and contact with the worker can be of assistance to the child in coping with the crisis.
- If weekly contact is no longer appropriate (e.g., the family does not need weekly contact and could benefit from less than weekly contact, the perpetrator is no longer in the home, or the parent/child relationships are improving):
- Document the reasons for less than weekly contact with the child and family in the comments field and select the appropriate selection in the purpose field.
- Obtain Supervisor’s approval for visits, which are less than weekly. For High and Intensive Risk Levels, waivers cannot be granted until another Risk Assessment is completed resulting in a lower risk level for the child.

The **County Supervisor** will:

- Click on the Reviewed check box after reviewing the worker’s contact.
- Click on the Weekly Contacts Waiver check box and key in the mandatory explanation field to include documentation that the Health and Safety Assessment and Risk Assessment has been reviewed in order for less than Weekly Contacts to be approved. (See Procedure II-E3 and II-E7.)

Under no circumstances can a waiver be granted for less than weekly contacts based on staff shortages without other appropriate justification.

POLICY (V-C): FAMILY SUPPORT FUND

The Division shall ensure that staff has prompt access to the Family Support Fund to support birth, adoptive, and foster families. The purpose of the fund shall be:

- **To prevent children from entering or remaining in Out-of-Home Placement due to the parents’ financial inability to meet the children’s basic needs.**
- **To pay for Out-of-Home Placement incidental items that are outside of the contracting process and are not covered by board payments. Examples are:**

School field trips	Camping dues	Dance Supplies
Musical instruments	Registration	Registration fees
School supplies	Sport fees or equipment	Club fees (social)
Summer program	Art supplies	School pictures

PROCEDURE (V-C1): Cash Assistance

The **Family Service Worker** will:

- Complete the “Assessment for Income Assistance” (CFS-496) to make a determination of the basic unmet needs and appropriateness of using the fund to address the need(s).
- Route the CFS-496 to the DCFS County Supervisor for review and approval.

The **DCFS County Supervisor** will:

- Monitor the county’s allocation to ensure the county’s funds are sufficient to meet client needs.
- Maintain the local cash account in accordance with guidelines established in PUB-384 (Local Cash Accounts).
- Review and approve/deny requests.
- Maintain a log of approved requests, “Income Assistance Request Log” (CFS-332).
- Determine the payment mechanism either through the county local cash account or DHS Requisition (DHS-1914). Payment will only be made to service providers.
- Ensure completion of process to access the county local account or development of the purchase order.
- Monitor activities to ensure payment to service providers and management of county funds.
- Maintain the local cash account in accordance with guidelines established in PUB-384 (Local Cash Accounts).

PROCEDURE (V-C2): Foster Care Incidentals

The **Family Service Worker** will:

- Assess and determine the needs of the child receiving Out-of-Home Placement Services and the appropriateness of using the fund to meet the assessed need.
- Request the use of the fund from the DCFS County Supervisor/Designee.
- Complete any additional paper work required by the method of payment chosen by the DCFS County Supervisor.
- Provide a receipt to the DCFS County Supervisor/Designee ~~DCO County Administrator/Designee~~ within the appropriate time frame within two (2) business days following the dating of the check. Attach the receipt to the CFS-333 (Client Information Sheet). If the amount of the check exceeds the amount of the receipt, the balance must be returned to the DCFS County Supervisor/Designee immediately.

The **DCFS County Supervisor/Designee** will:

- Monitor the county's allocation to ensure the county's funds are sufficient to meet client needs.
- Maintain the local cash account in accordance with guidelines established in PUB-384 (Local Cash Accounts).
- Approve or deny the request.
- For approved requests, the Supervisor will access the Family Support Fund in one of the following ways:
 - 1) Trust Accounts - if available and ample for purchase. Fill out the "Foster Care Authorization for Billing" (CFS-334) for amount of purchase and submit to finance.
 - 2) Process - Purchase Order using the DHS-1914 (DHS Requisition). Follow guidelines in the Purchase Order manual.
 - 3) Local Cash ~~Bank~~ Account. Follow guidelines in PUB-384 (Local Cash Account Guidelines). ~~Section IV.~~

POLICY (V-D): DAY CARE FOR CHILDREN

Day Care for Children may be provided as a purchased service for those families needing child care as a part of a Protective Services, Out-of-Home-Placement Services or Supportive Services Cases. Day Care may also be purchased due to the employment, training, or educational needs of the parents or caretaker based on eligibility. The goal is to strengthen family functioning and/or to promote self-sufficiency. The Division of Child Care and Early Childhood Education (DCC) is responsible for processing and issuing payment authorization for day care services.

PROCEDURE (V-D1): Day Care for Children

For Protective Services, Out-of-Home Placement Services or Supportive Services cases, the **Family Service Worker** will initiate the following:

- Complete the "Request for Day Care Services" (DCC-537) prior to the date services are to begin. Services are to be authorized for a maximum of three months. Copies of the DCC-537 can be obtained from the County Supervisor or by contacting the Division of Child Care and Early Childhood Education.
- Make verbal requests to the County Supervisor for approval in an emergency, followed by a completed DCC-537 within five (5) working days.
- Locate a provider on the list available through the DCC Family Support Unit.
- Request that the provider complete the bottom section of the DCC-537 indicating that they have space for the child, the daily rates, and other licensing information.
- Obtain approval and signature of the DCFS County Supervisor and fax (501-682-2317) to the DCC Family Support Unit.
- Initiate renewals no later than the first day of the last month of the eligibility period.
- Notify DCC Family Support Unit and the day care center if the child is no longer attending.

The **County Supervisor** will:

- Maintain a log of obligated funds for both Out-of-Home Placement and Protective Services (Authorization/Voucher System). DCC maintains and monitors Supportive Services Daycare funds.
- Approve Out-of-Home Placement and Protective Services Day Care requests within the County's allocation for day care.
- Contact the Area Manager to determine if additional funds are available in the event the county's allocation is depleted.

The **DCC Family Support Unit** will:

- Process and issue payment authorization.

IX. SERVICES ACCOUNTABILITY

00/00/2003

POLICY (IX-A): INTERNAL REVIEW AND ADMINISTRATIVE HEARING PROCESS

Determination of ineligibility, reduction of services or other adverse actions shall be subject to an Internal Review process. Individuals and families who disagree with the decision of the Division may further appeal through the Appeals and Hearing process conducted by the Office of Chief Counsel.

PROCEDURE (IX-A1): Internal Review of Adverse Action

The following steps are to be followed during the internal review process:

- The applicant who is the subject of an adverse action may request verbally or in writing an Internal Review from the appropriate Administrator or Manager.
- The Administrator or Manager will review the request and forward it with a recommendation to the appropriate Assistant Director for a final disposition.
- The Assistant Director will notify the applicant of the decision to the review within ten (10) working days of receiving the request.
- If the decision is unfavorable to the applicant, the Assistant Director will inform the applicant that the applicant has fifteen (15) working days in which to submit a written appeal to the Director, Division of Children and Family Services, P.O. Box 1437, Slot 626 S560, Little Rock, AR 72203-1437.
- The DCFS Director will notify the applicant within ten (10) working days of the appeal decision.

PROCEDURE (IX-A2): Appeals and Hearings of Adverse Action

A request for an Administrative Hearing must be made within thirty (30) calendar days of receiving a notice of adverse action from DCFS.

When a family who is the subject to an adverse action wishes to request a hearing, they may do so by sending the request in writing to the Department of Human Services, Office of Chief Counsel, Appeals and Hearings Administration Section, P.O. Box 1437, Slot N401, Little Rock, AR 72203-1437.

The Appeals and Hearing Section will notify DCFS that an appeal has been filed. An Investigative File will be prepared immediately and made available to the petitioner, any representative, the OCC Attorney and the Appeals and Hearings Section. (See Procedure IX-A4.)

The Appeals and Hearings section will send out a notice of hearing which contains the time, date, and place of the hearing and the name of the hearing officer who will conduct the hearing.

In the event a true child maltreatment determination is the subject of an appeal, consultation will occur between the Family Service Worker, County Supervisor, OCC Attorney and the Area Manager. The purpose of the consultation will be to review the evidence used to establish the true

determination and ascertain the impact of any subsequent events of the case after the determination was made. If the consultation reveals no merit for defending the true finding, then the Area Manager will be responsible for completing the CFS-346 (Approval Not to Defend a True Child Maltreatment Determination). A copy of the CFS-346 will be retained by the Area Manager, and one copy each given to the County Supervisor and OCC attorney. The OCC attorney will inform Appeals and Hearing of the decision not to defend. The CFS-346 will be included in the investigative file. (See Procedure IX-A4.)

The hearing will normally take place in the county of residence of the child, not the individual requesting the hearing. However, the hearing may be held in another location if the child will not be detrimentally affected.

If the petitioner fails to appear for the hearing and does not contact the Appeals and Hearing Section prior to the date of the hearing, the appeal will be abandoned.

It is the responsibility of the appropriate office/unit to designate a representative prior to the time of the hearing. The representative must be familiar with the circumstances leading to the adverse decision and must be able to summarize the pertinent aspects of the situation and present the documentation to support the basis for the findings. The representative will be able to answer questions posed by the petitioner or the hearing officer relative to the issue and should be prepared to cross examine witnesses.

The representative may request an Office of Chief Counsel Attorney for representation at the hearing only if the petitioner has an attorney. Send a request for an attorney to the Office of Chief Counsel in the Central Office. The Attorney assigned to the county of residence of the petitioner may be contacted for assistance.

The representative also is responsible for making arrangements for an appropriate place to conduct the hearing.

PROCEDURE (IX-A3): Conduct of the Hearing

- The hearing is conducted by a Hearing Officer from the Appeals and Hearings Section.
- The petitioner may be accompanied by friends or other persons and may be represented by a friend, legal counsel, or other designated representative. The hearing officer may not review material prior to the hearing unless such material is made available to the petitioner or his representative.
- The hearing is conducted in an informal but orderly manner. The Hearing Officer will explain the hearing procedure. The Administrative Hearing Statement will be read by the representative who will then present the Department's case which includes introducing evidence and questioning witnesses subpoenaed to the hearing as well as cross-examining the petitioner's witnesses. After completion of DCFS's case, the petitioner's case will be presented. This includes the opportunity to present witnesses, advance arguments, offer additional evidence, question the agency representative, and confront and cross-examine witnesses.
- Questioning of all parties will be confined to the issues involved.
- In all cases, the petitioner will be advised of the right to judicial review in the event of an adverse ruling.

- The hearing officer will prepare a hearing decision based on a comprehensive report of the proceedings. The format will consist of an Introduction, Findings of Fact, Conclusions of Law, and a Decision. Final administrative action must be completed within ninety (90) calendar days from the receipt of the appeal by the Appeals and Hearings Section provided that:
 - Delays in completing the hearing that are attributable to the petitioner shall not count against the ninety (90) day limit.
 - Failure to complete the hearing process in a timely fashion shall not deprive the department or a court reviewing the child maltreatment determination of jurisdiction to make a final agency determination or review a final agency determination pursuant to the Administrative Procedures Act.
 - The ninety (90) day limit shall not apply if there is an ongoing criminal investigation or criminal charges have or will be filed regarding the occurrence that is the subject of the child maltreatment report.
 - In those cases, the administrative hearing shall be stayed pending final disposition of the criminal proceedings.
 - It shall be the duty of the petitioner to report the final disposition of the criminal proceeding to the Department.
 - Each report shall include a file-marked copy of the criminal disposition.
 - The request for an administrative hearing shall be deemed waived if the petitioner fails to report the disposition of the criminal proceedings within thirty (30) days of the entry of a dispositive judgment or order.
 - If the criminal proceedings have reached no final outcome within twelve (12) months of the filing of the administrative appeal, the administrative appeal will be deemed waived if the petitioner fails to provide a written statement of the status of the criminal proceedings every sixty (60) days and a disposition report within thirty (30) days of the entry of a dispositive judgment or order.
- The decision becomes final action unless appealed and subsequently overturned in a court of law.
- If a true finding of child maltreatment is overturned by Appeals and Hearings, the county which made the original determination will send out an amended "Child Maltreatment Assessment Determination Notification" (CFS-312) within 15 days, advising that the report is now unsubstantiated. These notifications will be sent to all parties who received an original notification of the true finding.
- The Family Service Worker will provide a copy of the administrative hearing order upon request by a subject of the report.

PROCEDURE (IX-A4): Investigative File for the Administrative Hearing

- The file prepared for the hearing will contain all information obtained during the course of the investigation.
- The office that prepares the investigative file will present evidence to support the decision that is the subject of disagreement. For a hearing being requested based on a child maltreatment assessment report, the file will contain a copy of the “Referral Information Report” (CFS-6001), “Notice of Child Maltreatment Allegation” (CFS-310), “Notice to LEA of Child Maltreatment” (CFS-311), “Administrative Hearing Statement” (CFS-320), and the “Child Maltreatment Assessment Determination Notification” (CFS-312). A copy of the return receipt verification (green card) must also be attached to the file.
- The CFS-346 (Approval Not to Defend a True Child Maltreatment Determination) will be included with the investigative file if the agency has decided that the true child maltreatment determination will not be defended.
- The “Administrative Hearing Statement” (CFS-320) will summarize the nature of the complaint, a summary of the Child Maltreatment Assessment, and the decision. The CFS-320, however, is not evidence. Complete documentation will be required in the investigative file to support the Administrative Hearing Statement.
- County staff or Crimes Against Children Division staff will have ten (10) calendar days to respond to a request from Central Registry for a copy of the investigative file.
- County staff or Crimes Against Children Division staff must complete the CFS-320 upon request by Central Registry for the investigative file. Staff will route the CFS-320 directly to Appeals and Hearings. A copy also will be forwarded to the OCC attorney, if an attorney is assigned. If the name of the assigned OCC attorney is not known, forward the copy of the CFS-320 to the County Legal Operations Coordinator.
- The individual requesting the hearing (the petitioner) will be advised by the Appeals and Hearings Section that the petitioner has ten (10) calendar days to provide a witness list.
- An OCC attorney may provide assistance in case preparation even if the attorney will not be at the hearing.
- Department employees will be expected to attend hearings and present testimony without the benefit of a subpoena and will be notified by the Appeals and Hearings Section of their required presence at the hearing.
- If the agency fails to provide a file to the Appeals and Hearing Section, the DCFS representative will not be allowed to testify or call any witnesses. The DCFS representative will be notified of any witness requested by the petitioner requesting the hearing. The DCFS representative will have five (5) calendar days from receipt of this notice to request a for rebuttal witness list.
- The Department of Human Services, Office of Chief Counsel, will issue the subpoenas under the authority of Ark. Code Ann. § 20-76-201 and 12-12-513. The Chief Counsel of DHS may designate someone to sign subpoenas issued for administrative hearings on child maltreatment.
- Administrative hearing decisions and all exhibits submitted at the hearing are confidential and may be used or disclosed only as provided in §12-12-506(a)(2)(A).

POLICY (IX-B): CHILD DEATH

The Division of Children and Family Services County Office will notify appropriate parties and initiate action to insure the safety of other children in the home when DCFS becomes aware of a child death that occurs on an active case or that may be the result of maltreatment.

The Division will follow established Department of Human Services policy and procedures governing the reporting of incidents (see DHS Administrative Policy 1090 "Incident Reporting"). The Division will not automatically issue press releases on cases of child fatality or near fatality, but will respond to requests for information as they are received. Per A.C.A. § 12-12-503 a near fatality means an act that, as certified by a physician, places a child in serious or critical condition. As such, the Division will rely on the involved medical facility's designation of the child's condition in determining if a particular incident meets the criteria of near fatality as defined by law.

The Division will assist the parents in making funeral arrangements or take other actions deemed necessary by the Area Manager.

PROCEDURE (IX-B1): Child Death Protocol

All DCFS employees must report an incident that may effect the health and safety of DHS clients, employees, volunteers, and others on DHS premises or while receiving DHS services, and occurrences that interrupt or prevent the delivery of services, to the DCFS Division Director and the DHS Director's office. An incident includes the death of a child who was in DHS custody, in a Protective Services or Supportive Services case, or who died under conditions believed to have been caused by child maltreatment. The death of a child, or the sibling, who was the subject of a maltreatment report within the proceeding twelve (12) months must also be reported.

The **Employee** will:

- Complete and transmit the DHS Incident Reporting Screen data fields in IRIS (use the Incident Report Information System {IRIS} link on the DHS Gold home page) to the DCFS Director's office and the DHS Director's office, along with the CFS-329, via the Client Advocate, no later than the end of the second business day following the incident (see DHS Policy 1090).
- Submit a follow up or final IRIS report if information submitted in the initial report is incomplete. The follow-up or final report should be submitted to the DCFS Director and DHS Director's office as soon as the additional information becomes available.

The County Supervisor will:

- Notify the **Area Manager**, Assistant Director for Community Services, and the DCFS Director immediately by telephone and follow-up with written notification.
- Notify the DHS Chief Counsel within one (1) hour of occurrence of the child's death.
- Notify the DHS Communications Director by telephone within one (1) hour of occurrence if the incident is expected to receive media attention.

- Notify law enforcement as appropriate.
- Report maltreatment to the Child Abuse Hot-line immediately. (This includes weekends, also.)
- Assign a Family Service Worker to go immediately to the home if other children may be there.
- Route a briefing memo to the Assistant Director of Community Services within 24 hours or by close of business on the next day. Attach the "Child Death Notification" (CFS-329).
- Send a copy of the briefing memo and the CFS-329 to the Child Death Review Committee Chairperson (Assistant Director of Community Support).
- Provide all information requested by the Child Death Review Committee expeditiously.
- Obtain a copy of autopsy report if one is available and notify parents if autopsy is done for a foster child.

The **Family Service Worker** will:

- Immediately go to the home to ascertain the safety of other children remaining in the home and pursue protective custody if necessary.
- Provide any services to the family as needed.
- Share all information about prior contacts with the family with agency staff and law enforcement who are investigating the case.
- Send a copy of the incident report, along with a complete copy of the case record, to the Child Death Review Committee Chairperson (Assistant Director of Community Support) within three (3) business days of the occurrence, if the death occurred under one of the following circumstances:
 - The child or sibling was a client in a protective services case during the previous twelve (12) months.
 - The child or sibling was a client in an open, out-of-home placement, or supportive services case.
 - The child or a sibling was a subject of a pending child maltreatment assessment, or an assessment within the preceding twelve (12) months.

The **State Police Crimes Against Children Division** will:

- Investigate child maltreatment allegations according to established procedures.
- Coordinate with law enforcement and relinquish their case to them if possible criminal charges are involved and law enforcement prefers to assume responsibility.

- Initiate needed affidavits for legal action.
- Keep the county advised of the status of the investigation, including initial notification when appropriate.
- Share all information with the parents, offender and victim.

The **Office of the Assistant Director of Community Services** will:

- Notify the DHS Director's Office, and the DHS Communications Director by telephone on the first business day following the death of the child and follow-up in writing.
- Discuss relevant details of the case with the Communications Director to determine the type of information that will be released to the media. Pertinent information that can be released will include:
 - the name of the child;
 - the child's date of birth;
 - the date of the incident;
 - the location of the child at the time of the incident;
 - the current condition of the child if the incident was a near fatality (as determined by the medical facility);
 - allegations or preliminary cause of the child's death;
 - the identity of the person responsible for the fatality or near fatality;
 - any anticipated legal action (e.g., hospital, foster home, etc.);
 - any pending criminal charges; and
 - the child's involvement with the agency (only in relation to the child maltreatment report that resulted in the fatality or near fatality).
 - Do not release any information concerning siblings or attorney-client communications.

PROCEDURE (IX-B2): Guidelines for Funeral Arrangements for Children in Out-of-Home Placement

The Family Service Worker will:

- Notify the County Supervisor in the child's initiating county and the parent's resident county with the Area Manager's approval.

- Assist parents with funeral arrangements and finances as deemed appropriate. Allowable expenses include customary costs such as flowers, appropriate clothing and a grave maker.
- Make the funeral arrangements with the help of the foster parents if the Division has guardianship or the parents are unable to assume this responsibility.
- Use a local Funeral Director.
- Receive prior approval from the Area Manager before contracting for final arrangements.
- Consider the religious and cultural patterns of the family.
- Pay expenses by routing the "Foster Care Authorization for Billing" (CFS-334) if child has savings, or use a DHS Requisition obtained through the DHS-1914 process otherwise.

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
CHILD MALTREATMENT ASSESSMENT DETERMINATION NOTIFICATION**

Date: _____ Certified Mail # _____

CHRIS Referral # _____ County _____

To: _____

From: _____ [] Division of Children and Family Services (DCFS)
Name of Investigator [] Crimes Against Children Division (CACD)

RE: Notice of Child Maltreatment Assessment Determination

Child(ren) Involved

On _____, the Division of Children and Family Services, or Crimes Against Children Division, received an allegation of suspected child maltreatment involving you and/or your child or a child whose care you have been entrusted. The allegation stated that the incident occurred on or about the following date and time: _____. This letter is to inform you of the assessment determination of suspected maltreatment using the standard of a preponderance of the evidence.

_____ The evidence does not support the allegation of Child Maltreatment.

_____ The evidence supports the allegation of Child Maltreatment and _____

_____ was named as the offender(s).
Circumstances indicate that a Protective Services case should be opened for your family.

_____ The evidence supports the allegation of Child Maltreatment, and _____

_____ was named as the offender(s).
Circumstances do not indicate that a Protective Services case should be opened for your family.

Per A.C.A. §12-12-506(g) the Department may disclose a true investigative determination of any offender when the offender is engaged in child-related activities or employment and the Department has determined that children under the care of the offender are at risk of maltreatment by the offender. If you have been named as the offender of a true report, your name will be placed in the Arkansas Child Maltreatment Central Registry. Your employment may be adversely effected if your name is placed in the Central Registry. If you disagree with the assessment determination and your name being placed in the Registry, you may request an administrative hearing within thirty (30) days of receipt of the restricted certified mail notification. Mail your notarized request for an administrative hearing, along with a copy of this letter, to: Appeals and Hearings Officer, Slot N401, P. O. Box 1437, Little Rock, AR. 72203, and copy your request to the Investigator named above. See the publication "Child Protective Services: A Caretaker's" (PUB-052) for additional information, or call _____ at _____.

Family Service Worker or CACD Worker

DCFS County Supervisor or CACD Supervisor

This information is available in different formats such as: large print, audio tape, etc. If you need another format, contact the Division's ADA Coordinator at 682-8760 or TDD 682-1442.

INSTRUCTIONS

CHILD MALTREATMENT ASSESSMENT DETERMINATION NOTIFICATION

CFS-312

Purpose: To inform the alleged victim(s) and offenders of the outcome of the Child Maltreatment Assessment. Staff from the Division of Children and Family Services and the Crimes Against Children Division (CACD) will use the CFS-312 for notification purposes. This letter is to be mailed if the Child Maltreatment Assessment is found true or unsubstantiated.

Completion: Insert the CHRIS Referral number and the county name. The form is to be addressed appropriately, the local office address added, dated, insert the certified name number, the proper assessment determination (outcome) checked, the Family Service Worker or CACD Worker's name and phone number inserted, and signed by the supervisor.

The identified county will be responsible for preparing the investigative file and defending the determination. The county for DCFS is the county where the child lives. The county for CACD is the county of occurrence.

Routing: One (1) completed letter addressed to:

- The family of each alleged victim;
- The alleged victim, if 10 years of age or older; and
- The family of each alleged offender, if the offender is a minor (under 18) or
- The offender if 18 or over.
- The Attorney Ad Litem, if the child is in an out-of-home placement.
- The Public Defender if one is assigned.
- The Juvenile Division of Circuit Court if there is a true finding of sexual abuse perpetrated by a child under the jurisdiction of the court.

If there is a true finding of child maltreatment, the CFS-312 will be routed to the above named individuals by certified mail, restricted delivery or process server to the recipient's last known address.

Two copies of the CFS-312 will be routed to anyone listed above who has appeal rights.

Retain a file copy of each letter mailed.

Posting: Post the date the letter is mailed on the Document Tracking screen in CHRIS.

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
CLIENT INFORMATION SHEET FOR CASH ASSISTANCE AND FOSTER CARE INCIDENTALS**

Co: 901-03-0001

Provider's Name: _____

Address: _____
Street or P. O. Box City State Zip Code

Provider's Taxpayer Identification Number (TIN): _____ **Phone #:** _____

CASH ASSISTANCE	FOSTER CARE INCIDENTALS
Case Head's Name: _____	Child's Name: _____
Social Security #: _____	Social Security #: _____
Item(s) To Be Purchased: _____ _____ _____ _____ _____ _____ _____	Case Number: _____
	<input type="checkbox"/> School Field Trips <input type="checkbox"/> Summer Programs
	<input type="checkbox"/> Sport Fees or Equipment <input type="checkbox"/> Dance Supplies, Etc.
	<input type="checkbox"/> Registration Fees for Sports <input type="checkbox"/> Camp Dues/Registration Fees
	<input type="checkbox"/> Musical Instruments or Supplies <input type="checkbox"/> School Pictures
	<input type="checkbox"/> Art Supplies <input type="checkbox"/> School Year Books
	<input type="checkbox"/> Club Fees (Social) <input type="checkbox"/> Other (List) _____
Financial: _____ Balance _____ Adjustment +/- (_____) Amount of Check _____ Check Number _____ Date of Check ===== Carryover Balance _____ Receipt / Bill	Financial: _____ Balance _____ Adjustment +/- (_____) Amount of Check _____ Check Number _____ Date of Check ===== Carryover Balance _____ Receipt / Bill

DCFS County Supervisor / Designee(s) Date

CHECKLIST:

- ◆ Is money in the account sufficient to cover the check?
- ◆ Is this a new vendor, is there a W-9 and Vendor File Action Form attached?
- ◆ Has the receipt been returned to the DCFS County Supervisor/Designee(s) within 2 business days and attached to this form?
- ◆ Has the Carryover Balance been moved to the Balance line on the next form?

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES**

**NOTICE OF NON-DEFENSE OF A TRUE CHILD MALTREATMENT
INVESTIGATIVE DETERMINATION**

Based on review of the maltreatment investigation, I agree not to defend the true child
maltreatment determination naming _____ as an
offender, and _____ as a victim.

Report #: _____ County: _____

The reason for not defending this determination is as follows:

Signature (Area Manager) Date

DHS ADMINISTRATIVE PROCEDURES MANUAL

CHAPTER 201

TITLE: Cash Funds

- I. **PURPOSE:** To establish procedures for management and control of all Department of Human Services (DHS) cash funds.
- II. **SCOPE:** These procedures shall be applicable to all DHS divisions, offices, facilities, and boards. The Office of Fiscal Management (OFM), Managerial Accounting Section, has overall responsibility for the reporting and maintenance of all cash funds. "Cash Funds" means cash, transactional accounts, certificates of deposit, stocks, bonds, and other such items.
- III. **PROCEDURES:**
 - A. Receipts: All cash fund items shall be receipted at the time the funds are received by the receiving entity (division, office, or institution) using the Form DHS-1079 pre-numbered three-copy receipt or a pre-approved alternate (see Section III.A.8.).
 1. Each receipt must include:
 - a. Current Date
 - b. Name of the person or entity from which the cash fund item was received
 - c. Amount of payment being receipted
 - d. Fund or account to which the cash fund item is to be credited
 - e. Purpose of the payment
 - f. Full signature of the DHS employee receiving the cash fund item
 2. Distribution of the Form DHS-1079 receipt is as follows:
 - a. White Copy (original) is to be given to the person or entity making payment. It is required on the Local Cash Assistance Account that the white copy be attached to the Client Information Sheet.
 - b. Yellow copy is to be attached to the copy of the bank deposit slip and submitted to Managerial Accounting Section, Banking Operations Unit, Slot 3445, with the monthly reconciliation.
 - c. Pink copy is to be maintained in numerical order in the receipt book for purposes of audit and internal control.
 3. Voided receipt forms shall be marked accordingly and the white and yellow copies submitted to the Banking Operations Unit with the monthly reconciliations.

4. Receipts must be issued in sequential order and receipt books utilized in numerical order. Any missing receipt numbers shall be reported to the Banking Operations Unit immediately.

NOTE: Separate receipt books shall be used for each bank account. Managerial Accounting Section staff shall total and compare monthly receipt and deposit totals for each account. These amounts shall balance.

5. The Banking Operations Unit shall have central control over the issuance of receipt forms for all DHS facilities and offices. Each entity is responsible for ensuring that an adequate supply of forms is on hand at all times to comply with DHS receipting procedures. Requests for receipts may be made through e-mail or by submitted a written request to:

Arkansas Department of Human Services
Office of Fiscal Management
Banking Operations Unit - Slot 3445
P.O. Box 8150
Little Rock, AR 72203

6. Because most receipts in the Medical Transportation accounts are reimbursements from Central Office, the Medical Transportation Cash Receipts Log shall be used instead of issuing receipts from a DHS-1079 pre-numbered receipt book.

7. a. All cash funds received by DHS must be receipted and deposited in a timely manner.

- (1) For all receiving entities in the downtown Little Rock central office complex, cash receipt items shall be delivered in person to the OFM Cash Receipts desk (Donaghey Plaza West Building, Basement Level). Cash receipt items may not be sent through inter-office mail.

- (2) For all other facilities (excluding the Arkansas State Hospital) and for county offices, cash receipt items should be mailed directly to:

OFM Cash Receipts
P.O. Box 8181
Little Rock, AR 72203

Note: Cash may not be transmitted via mail. Instead, a money order or cashier's check made payable to "DHS" should be purchased.

- b. Each cash receipt item must be completely identified and proper coding must accompany the item. The DHS Receipt Coding Slip,

Form DHS-1018, is to be utilized, however, a memorandum or notice containing the information on the Form DHS-1018 may be substituted.

- c. If it is determined that a cash receipt item is not owed to DHS, a refund shall be made to the person or entity making the payment. No cash fund item shall be returned to a client without first being deposited.

- 8. The Managerial Accounting Section Assistant Director may approve a receiving entity's request to utilize an alternate method of receipting cash items. The request must be in writing and should include proposed forms and procedures. A memorandum indicating approval will be provided to the requesting entity; and the Banking Operations Unit will retain a copy of the memorandum.

Note: To ensure that the receiving entity is in compliance with audit requirements for tracking cash receipt items, Central Office receiving entities should utilize the generic cash receipts log and instructions in Appendix A as a guide when drafting forms and procedures.

- B. Segregation of Functions: The DHS employee opening the daily mail for a division, office, or facility shall not participate in the deposit of cash fund items. Also, the receipting function shall be kept segregated from the bank deposits function at all times for internal control purposes.

- C. Returned Checks: All items returned or dishonored by financial institutions from any facility or office shall be immediately re-deposited as a single item referencing the original deposit unless specifically not allowed. All items returned a second time should be forwarded to the Banking Operations Unit, which is responsible for maintaining a departmental record of these items. A cover memorandum containing the following information is required:

- 1. The name of the client or entity signing the check (maker)
- 2. Date the check was returned to the facility or office.
- 3. Date the check was re-deposited
- 4. Date the check was returned for the second time
- 5. Fund or account to which the check was credited.

The item will then be forwarded to the Managerial Accounting Section, Accounts Receivable Unit, which is responsible for collection. The client or entity (maker) of the check shall be notified in writing that reimbursement is due immediately and may be paid only by cash, cashier's check or money order.

- D. Losses and Shortages: Any loss, shortage or other discrepancy in any cash fund account shall be reported immediately by telephone to the Banking Operations Unit. This shall be followed by a written explanation within twenty-four hours, either by mail, e-mail or facsimile.

- E. **Commingling of Funds:** Cash funds shall not be commingled with funds that can not be used for the same purpose or program (i.e. Donated funds shall not be deposited in an account with State or Federal funds).
- F. **Interest-Bearing Accounts:** Cash fund accounts on deposit with financial institutions in the Central Office area shall be placed in an interest -bearing account except where prohibited by law, as in the case of federal funds.

Divisions and County Offices should work with their local banks to establish a non-profit public funds account to avoid paying a monthly service charge if possible. If the account is assessed a monthly service charge, then every effort should be made to utilize an interest bearing account.

If interest-bearing accounts can not be utilized, maximum balances consistent with the day-to-day operation of the particular program shall be no more than your quarterly allotment.

- G. **New, Modified or Closed Accounts:** Before any new agency bank cash fund account is opened, a Request for Bank Account form shall be completed by the facility or office requesting the account and submitted to the Banking Operations Unit for approval of the DHS Chief Fiscal Officer and, where applicable, the Department of Finance and Administration. All requests for New, Modified, or Closed bank accounts being submitted from County Offices must be requested and signed by the Division of County Operations County Administrator.

The Banking Operations Unit shall also be notified before any agency bank cash fund is closed or modified.

- H. **Reconciliation and Reporting of Cash Fund Accounts:**
 - 1. Deposits and Check amounts shall be posted to the individual checkbook registers. Checkbook registers shall be maintained on a current basis. All disbursement of funds shall be documented on the check and in the checkbook register. For County Office accounts all disbursements shall be documented in the Category field and all TIN numbers, when applicable, shall be listed in the Memo field. All deposits shall be documented on the deposit slip, in the checkbook register, and in the cash receipt book or alternate pre-approved method.
 - 2. The checkbook register shall be reconciled at the end of each month (or other established cycle) to the bank statement. This reconciliation must be performed by someone other than the person maintaining the checkbook.
 - 3. For all cash accounts in the County Offices, the complete Quicken reconciliation packet shall be completed and submitted to Banking

Operations along with (1) the original bank statement, (2) deposit tickets, (3) the yellow copy of the DHS pre-numbered receipts, and (4) checks which cleared during that statement cycle. The completed, approved packet must be received in the Banking Operations Unit no later than the twentieth of the following month.

Copies of all items listed above, along with the original store receipts for disbursements, shall be filed and retained at the site of the checkbook. For the Local Cash Assistance Accounts the store receipts should be attached to the Client Information sheet.

4. Cash fund account items that are outstanding (not yet cleared by the financial institution) for a period of 180 days (six months) shall be re-credited to the account balance.
5. There shall be no checks made payable to "Cash" or to employees.
- I. Personal Funds: All activity in personal fund accounts shall be reconciled to the bank statement. A subsidiary ledger detailing each transaction associated with a client shall be kept by the facility for all clients. The balance shall be reconciled to the bank and to the total of all subsidiary ledger accounts. Each facility must provide a copy of the reconciliation to the Banking Operations Unit no later than the twentieth of the month following the reporting month. All detailed records shall be made available for review at the site of the checkbook.
- J. Safekeeping of Negotiable Instruments: All documents and instruments signifying indebtedness shall be kept in the physical possession of the Managerial Accounting Section or its designee. This includes all certificates of deposit, stocks, bonds, and U.S. Government, state, and municipal obligations.

DCFS

LOCAL CASH ACCOUNT

GUIDELINES

(PUB-384) Rev. (00/2003)

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<u>Chapter 201 (Cash Funds) DHS Admin. Procedures Manual</u>	<u>Attachment 2</u>

LOCAL CASH ACCOUNTS

OVERVIEW

- PURPOSE
- FUNDING SOURCE
- EXPENDITURE TRACKING
- RESTRICTIONS OF USE

LOCAL CASH ACCOUNTS

PURPOSE

The following guidelines provide directions on the intent of utilizing local cash accounts in DHS county offices. These accounts **DO NOT** replace the use of Purchase Orders (DHS-1914's) or contracts. They are to be used to provide cash assistance and incidental foster care monies to meet the **IMMEDIATE NEEDS of families or foster children that cannot reasonably be met by accessing routine DHS Purchase Order or Contracting Processes.**

Local Cash Accounts will be administered in accordance with Chapter 201, Cash Funds (see Section VI), of the DHS Administrative Procedures Manual.

FUNDING SOURCE

Local Cash accounts will be operated utilizing funds from the budget allocated to each county for the current fiscal year from DCFS State General Revenue Fund DCF2600, Fund Center 883.

There will be one local checking account in each county. Each account will have funds allocated for both foster care incidentals and cash assistance.

EXPENDITURE TRACKING

Tracking of expenditures from the funds within the local checking account for foster care incidentals and cash assistance will be maintained separately utilizing client information log forms.

RESTRICTIONS OF USE

These Accounts CANNOT Be Used To:

- Purchase professional services,
- Write a check to or reimburse a DHS employee,
- Write a check to or reimburse clients,
- Transfer monies between counties,
- **Write checks payable to cash,**
- Co-mingle monies, from other sources, into these accounts; or
- Purchase items that qualify as IV-E eligible purchases for foster children that are in IV-E eligible status.

LOCAL CASH ACCOUNTS

SECTION I

OPENING A LOCAL CASH ACCOUNT (LCA)

- INITIAL ALLOCATION OF MONIES
- DHS REQUEST FOR BANK ACCOUNT FORM WITH INSTRUCTIONS
- SOURCE OF FUNDS CODING LIST FOR LCA'S
- REQUEST FOR CHECK - MEMO FOR LCA'S

Local Cash Accounts

Guidelines

OPENING A LOCAL CASH ACCOUNT (LCA) CHECKING ACCOUNT

INITIAL ALLOCATION OF MONIES

- 1.) The DCFS County Supervisor will determine how much of the allowable amount to obligate from Fund DCF2600, Fund Center 883 Cash Assistance and Foster Care Incidental budget allocated to their county for the current fiscal year to the Local Cash Account.

In accordance with Chapter 201 of the DHS Administrative Procedures Manual, Cash Funds:

In non-interest bearing accounts, the least possible minimum balance consistent with the day-to-day operation of the particular program represented by the account shall be maintained. In most instances, funds for thirty days operations shall be considered sufficient.

FOR LOCAL CASH ACCOUNTS

Each county should work with local banks to establish a non-profit public funds account to avoid paying a monthly service charge if possible. If the account is assessed a monthly service charge, then an interest bearing account should be requested.

The Local Cash Program accounts will be replenished on a quarterly basis. To comply with Chapter 201, your maximum balance maintained should be no more than your quarterly allotment.

- a) **Cash Assistance Budget:** Funds sufficient for NINETY (90) days operations may be requested from the unobligated current fiscal year's Cash Assistance budget for your county to establish the local checking account.
 - b) **Foster Care Budget:** Funds sufficient for NINETY days (up to a maximum of \$1,000.00 per current fiscal year) operations may be requested from the unobligated current fiscal year's Foster Care budget for your county to establish the local checking account for foster care incidentals. Requests to exceed the \$1,000.00 limit for foster care incidentals must be submitted in writing from the DCFS Area Manager to the DCFS Assistant Director of Community Services for approval by the DCFS Director.
- 2.) Complete the DHS Request for Bank Account Form.
 - 3.) Complete the "Request for Check - Local Cash Account" memo and forward to your DCFS Area Financial Coordinator. The DCFS Area Financial Coordinator will review for accuracy and forward to the DCFS Financial Support Unit Manager at Mail Slot S561 with your bank account form.

ARKANSAS DEPARTMENT OF HUMAN SERVICES

REQUEST FOR BANK ACCOUNT

TO: ASSISTANT DIRECTOR, DAS - MANAGERIAL ACCOUNTING

- 1.) PURPOSE OF ACCOUNT: To provide cash assistance and incidental foster care monies to DCFS clients. The intent of the account is to provide monies to meet the needs of families that require immediate provision of services.
- 2.) SOURCE OF FUNDS:
 - a. Cash Assistance: Fund DCF2600 Fund Center 883 Internal Order I0710S500C
 - b. Foster Care: Fund DCF2600 Fund Center 883 Internal Order I0-710S500F
- 3.) ANTICIPATED DATE OF INITIAL DEPOSIT: _____
ANTICIPATED AMOUNT OF INITIAL DEPOSIT: _____
- 4.) ACCOUNT NAME: Arkansas Department of Human Services
ADDRESS: _____

- 5.) REQUESTED BANK: _____
ADDRESS: _____

Telephone No. _____
- 6.) AUTHORIZED SIGNATURES:
DCFS: _____
DCO: _____
- 7.) RECORDS OF THIS ACCOUNT WILL BE MAINTAINED BY: The DCFS County Supervisor
- 8.) MONTHLY RECONCILIATIONS WILL BE MADE BY: The DCFS County Supervisor/Designee
- 9.) WILL THIS BE AN INTEREST BEARING ACCOUNT? NO
- 10.) WHAT WILL BE THE DISPOSITION OF INTEREST? N/A

=====

ACCOUNT REQUESTED BY: _____ DATE: _____
Telephone: (501) 682-8846

Return to: DAS/BANKING OPERATIONS-SLOT W202, P.O. BOX 8150, LITTLE ROCK, AR 72203-8150

REQUEST APPROVED BY: _____ Date: _____
DIRECTOR, DAS

APPROVED BY: _____ Date: _____
CHIEF FISCAL OFFICER, DF&A

Local Cash Account

Guidelines

INSTRUCTIONS FOR FILLING OUT FORM TO OPEN A DCFS LOCAL CASH ACCOUNT

- 1.) Purpose of Account: Information provided. No additional information required.
- 2.) Source of Funds: (Budgets for the Counties are budgeted in the Area Managers Administration Cost Center.) Select the correct coding for a) Cash Assistance and b) Foster Care Incidentals for your area from the attached list and enter as your source of funds.
- 3.) Enter the estimated date for the initial deposit to open your account. (Allow approximately three weeks from the date you are submitting your request to open a bank account.) Enter the total amount of the funds you are requesting to open your account.
- 4.) Insert your county name, address, town, and zip code.
- 5.) Enter the name, address, and telephone number of the bank you will be using for your local cash account.
- 6.) Identify the persons from DCFS and the back up person (DCO County Administrator or designee) who will be authorized on signature cards to access the checking account. You may select a maximum of (3) from DCFS, including the DCFS County Supervisor, and 1 (one) from DCO (i.e., the DCO County Administrator or designee), as authorized personnel on the account.
- 7.) Information provided. No additional information required.
- 8.) Information provided. No additional information required.
- 9.) Information provided. No additional information required.
- 10.) Information provided. No additional information required.
- 11.) Leave blank.

PROCESSING OF REQUEST FOR BANK ACCOUNT FORMS FOR LOCAL CASH ACCOUNT ONLY.
DO NOT FILL IN ANY ADDITIONAL INFORMATION ON THIS FORM. DO NOT SEND A COPY OF THIS FORM TO BANKING OPERATIONS. RETURN THIS FORM TO:

Program Manager, DCFS Financial Support
Mail Slot S561.

Your request will be reviewed and forwarded to Banking Operations to obtain the necessary approvals for your account. **Include A REQUEST FOR FUNDS MEMO with your request to Financial Support Unit, so that a check may be requested for your opening deposit, once the approvals for your account have been received. (Sample Memo attached).** When you receive the initial funds and open your account, send a copy of the bank signature card to the DCFS Financial Support Unit at the above address. The information will be forwarded to DAS Banking Operations notifying them the account has been opened and Banking Operations will have the signature card on file for audit review.

Local Cash Accounts

Guidelines

SOURCE OF FUNDS CODING LIST FOR LOCAL CASH ACCOUNTS

AREA I

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
417361	I0710S500C	5100001000

FOSTER CARE

417361	I0710S500F	5100001000
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Area II

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
417376	I0710S500C	5100001000

FOSTER CARE

417376	I0710S500F	5100001000
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AREA III

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
417394	I0710S500C	5100001000

FOSTER CARE

417394	I0710S500F	5100001000
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AREA IV

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
417414	I0710S500C	5100001000

FOSTER CARE

417414	I0710S500F	5100001000
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Section I/Page 4 of 7

Local Cash Accounts

Guidelines

SOURCE OF FUNDS CODING LIST FOR LOCAL CASH ACCOUNTS

AREA V

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
417434	I0710S500C	5100001000
<u>FOSTER CARE</u>		
417434	I0710S500F	5100001000

AREA VI

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
<u>CASH ASSISTANCE</u>		
417454	I0710S500C	5100001000
<u>FOSTER CARE</u>		
417454	I0710S500F	5100001000

AREA VII

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
<u>CASH ASSISTANCE</u>		
417466	I0710S500C	5100001000
<u>FOSTER CARE</u>		
417466	I0710S500F	5100001000

Local Cash Accounts

Guidelines

SOURCE OF FUNDS CODING LIST FOR LOCAL CASH ACCOUNTS

AREA VIII

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
417486	I0710S500C	5100001000

FOSTER CARE

417486	I0710S500F	5100001000
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AREA IX

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
417506	I0710S500C	5100001000

FOSTER CARE

417506	I0710S500F	5100001000
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AREA X

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
417526	I0710S500C	5100001000

FOSTER CARE

417526	I0710S500F	5100001000
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Instructions:

(1.) Send Original Letterhead Memo to your DCFS Area Financial Coordinator for review.

(2.) DCFS Area Financial Coordinator review and send **ORIGINAL** to: DCFS Financial Support at Slot S561.

MEMORANDUM

TO: General Operations, Purchase Orders, Slot W406, DAS

FROM: DCFS County Supervisor, XXXXX County

DATE:

SUBJ: REQUEST FOR CHECK - LOCAL CASH ACCOUNT

Please accept this memorandum as authorization for a check in the amount of (\$XXXXXX) for deposit into DCFS (XXXXX) County's Local Cash Bank Account. Of the (\$XXXXXX) requested, (XXXXX) is for Cash assistance Cost Center (Insert AASIS Cost Center from Coding List for Your Area) Internal Order (Insert Internal Order from Coding List for Your Area), General Ledger Account Number 5100001000. The balance of (XXXXX) is for Foster Care Incidentals, (Insert AASIS Cost Center from Coding List for Your Area) Internal Order (Insert Internal Order from Coding List for Your Area), General Ledger Account Number 5100001000.

Thank you for your prompt attention.

DCFS County Supervisor
(Insert County Name)

Date

cc: (), DCFS Area Manager
(), DCFS Area Financial Coordinator

LOCAL CASH ACCOUNTS

SECTION II

ELIGIBILITY CRITERIA

- CASH ASSISTANCE FUNDS

Local Cash Accounts

Guidelines

ELIGIBILITY CRITERIA FOR USE OF CASH ASSISTANCE FUNDS

Refer to FSPF Manual Policy V-C (Family Support Fund)

The purpose of Cash Assistance funds is to prevent children from entering or remaining in Foster Care due to the parents' financial inability to meet the children's basic needs.

Cash Assistance is intended to support the Case Plan of the Protective or Supportive Services DCFS case. The family's need for assistance through these program funds is assessed by the family's DCFS caseworker. The assessment by the caseworker will determine if:

- (1.) The family's resources are inadequate to meet the basic needs of the children;
- (2.) Community resources are not available or adequate to meet the basic needs of the children;
- (3.) Assistance is needed to prevent foster care placement or to reunify the family if a child is already in foster care placement; and
- (4.) The family will be able to maintain the basic needs of the children after provision of this assistance. If all of these criteria are met, the caseworker can request Cash Assistance funds through the DCFS County Supervisor/Designee(s).

The DCFS County Supervisor/Designee(s) will review the request for funds and either approve or deny the request. If approved, the DCFS County Supervisor/Designee(s) will ensure that sufficient Cash Assistance funds are available to the County to meet the family's identified needs. The DCFS County Supervisor/Designee(s) will also determine if the Local Cash Account or the Purchase Order system is the most appropriate mechanism for payment.

LOCAL CASH ACCOUNTS

SECTION III

ELIGIBILITY CRITERIA

- FOSTER CARE INCIDENTALS

Local Cash Accounts

Guidelines

ELIGIBILITY CRITERIA FOR USING FOSTER CARE INCIDENTAL MONEY

The criteria for accessing foster care incidental monies are as follows:

- 1) The yearly allocation for any county cannot exceed \$1,000.00 per fiscal year unless the DCFS Area Manager requests and receives in writing prior approval from the DCFS Director;
- 2) The yearly allocation is to be taken from the county's foster care budget in Fund Center 883; and
- 3) The child must be in the foster care system; foster care incidental money is to be used only for foster children.

The incidental money is to be used for items that are outside the contracting process and are not covered by board payments. The items purchased should enhance the life of the child in the custody of the Division.

Foster care incidental money from the local cash account is to be utilized for items where payment is needed immediately and time does not permit the use of a Purchase Order.

Examples of items to be purchased with the incidental money are:

- * School field trips
- * Registration fees for sports
- * Art supplies
- * Summer programs
- * Camping dues/registration charges
- * Yearbooks
- * Sport fees or Equipment
- * Musical instruments or Supplies
- * Club fees (social)
- * Dance supplies, etc.
- * School pictures

Incidental funds may be used to pay for the Title IV-E eligible purchases listed below for Foster Children who are not IV-E eligible.

Incidental funds may not be used to pay for Title IV-E eligible purchases for Foster Children that are in IV-E eligible status. (Please check CHRIS system for eligibility status.)

Incidental funds may not be used to purchase the initial clothing order for a IV-E eligible child. (See guidelines on initial clothing order.)

The following seven (7) items represent qualifying Title IV-E eligible purchases:

- FOOD (Not a part of "Feed the Kids" program.)
- CLOTHING (See guidelines on initial clothing order.)
- SHELTER (Not a part of Emergency Shelter program.)
- DAILY SUPERVISION (See rules for IV-E Day Care.)
- SCHOOL SUPPLIES (Pencils, paper, notebooks)
- PERSONAL INCIDENTALS (Toothbrush, hair brush, mouthwash)
- PARENTAL VISITATION (Transportation, i.e., Personal mileage, bus ticket)

Section III/Page 1 of 2

Local Cash Accounts

Guidelines

ELIGIBILITY CRITERIA FOR USING FOSTER CARE INCIDENTAL MONEY

The first three items for children that are in IV-E eligible status will normally be covered by the monthly board payment. In some instances

additional items of clothing will be needed and are a IV-E eligible expenditure as long as the child remains in a IV-E eligible status. (Please check the CHRIS system for verification of eligibility.)

The incidental money is not to be used to purchase such items as initial clothing orders.

LOCAL CASH ACCOUNTS

SECTION IV

INITIATING A REQUEST FOR A CHECK

- CASH ASSISTANCE OR FOSTER CARE
INCIDENTAL MONEY

Local Cash Accounts

Guidelines

INITIATING A REQUEST FOR A CHECK

CASH ASSISTANCE OR FOSTER CARE INCIDENTAL MONEY

The DCFS County Supervisor/Designee(s) is one of two signatures required on a check. The DCFS County Supervisor/Designee(s) will be the one who assures:

- That the client is eligible for this expenditure;
- That the cash account is used appropriately;
- Completion of the Client Information Sheet (CFS-333) (See Section VIII);
- Completion of the W-9, and vendor file action form (if not already in AASIS), and
- That receipts or bills are provided to the DCFS County supervisor within the appropriate time frame.

The DCFS County Supervisor/Designee(s) will, after approving a request for funds from a Family Service Worker:

- 1.) Verify that sufficient funds are available, and if sufficient funds are available, will complete the Client Information Sheet (CFS-333) for either Cash Assistance or Foster Care Incidentals and sign it certifying the request and the information.
- 2.) The DCFS Family Service Worker will provide the DCFS County Supervisor with a completed W-9 and Vendor File Action Form for any provider the first time the provider is used.
- 3.) The DCFS County Supervisor/Designee(s) will review the form for completeness, develop and sign the check, obtain the signature of a DCFS Family Service Worker (other than the one originating the request) and give the check to the requesting DCFS Family Service Worker for use. If a W-9 and Vendor File Action Form is submitted, the DCFS County Supervisor/Designee(s) will immediately forward the forms to Office of State Purchasing for processing in AASIS. (A copy of these forms should be kept in the county office for reconciliation purposes). The TIN #'s will be reported monthly by the DCFS County Supervisor/Designee(s) on the reconciliation report.
- 4.) The DCFS Family Service Worker must provide the DCFS County Supervisor/Designee(s) with a receipt of what was purchased with the check within two business days following the dating of the check.
- 5.) If the amount of the check exceeded the amount of the receipt, the DCFS Family Service Worker must return the balance to the DCFS County Supervisor/Designee(s) immediately.

Local Cash Accounts

Guidelines

INITIATING A REQUEST FOR A CHECK

CASH ASSISTANCE OR FOSTER CARE INCIDENTAL MONEY

RESTRICTIONS OF USE

These Accounts CANNOT Be Used To:

- Purchase professional services,
- Write a check to, or reimburse a DHS employee,
- Write a check to, or reimburse a client,
- Purchase items that qualify as IV-E eligible purchases for foster children that are in IV-E eligible status.
- Transfer monies between counties,
- Write checks payable to cash, or
- Co-mingle monies, from other sources, into these accounts.

LOCAL CASH ACCOUNTS

SECTION V

HOW TO REQUEST A CHECK TO REPLENISH THE LCA

- CASH ASSISTANCE
- FOSTER CARE INCIDENTALS
- SHORTAGE OF MONEY DURING THE QUARTER
- NO AVAILABLE FUNDING IN COUNTY BUDGET
- MEMO - REQUEST FOR CHECK - LOCAL CASH ACCOUNT
- SOURCE OF FUNDS CODING LIST FOR LCA'S

Local Cash Accounts
Guidelines

HOW TO REQUEST A CHECK TO REPLENISH THE LOCAL CASH ACCOUNT (LCA)

Replenishment will be based on these guidelines until a spending history per county can be firmly established.

- 1.) At the end of a quarter, the DCFS County Supervisor will review the County's budget and Local Cash Account balance. They will determine how much of the budget is obligated to contracts and Purchase Orders.

Based on the previous quarterly expenditures and the amount of available funds in the budget allocated to the county for the current fiscal year from DCFS State General Revenue Fund DCF2600, Fund Center 883, the DCFS Supervisor may:

- a.) **Cash Assistance Budget:** Request an allocation of money to replenish the account up to a level sufficient to maintain the balance of the account at NINETY days operating expenses.

Example: If you budgeted \$3,000 for the first quarter and spent \$2,000 you will request a check for \$2,000 bringing the amount available to you for the second quarter back up to \$3,000.

- b.) **Foster Care Budget:** Request an allocation of money to replenish the account up to a level sufficient to maintain the balance of the account at NINETY days operating expenses as long as the request is within the \$1,000 allowable amount for the fiscal year or your DCFS Area Manager has received written permission from the DCFS Director to exceed the \$1,000.00 limit. No county can request more than \$1,000 for the Foster Care Incidental side of their checking account in one fiscal year unless the DCFS Area Manager has requested and received written permission from the DCFS Director.

Example: If you budgeted \$500 for the first quarter and actually expended \$250, you will request a check for \$250 bringing the amount available to you for the second quarter back up to \$500.

- 2.) Complete the "Request for Check - Local Cash Account" memorandum. (see attached example) Select the correct coding for a) Cash Assistance and b) Foster Care for your area from the attached list and enter as your source of funds. Send the **original** memo to your DCFS Area Financial Coordinator for review. The DCFS Financial Coordinator, after review, will send the **original** request memo to the DCFS Financial Support Unit, Program Manager, Slot S561. Your request will be reviewed for cost center coding and budget information. The DCFS Financial Support Unit Manager will approve the request and forward the request to DAS, General Operations, Purchase Orders Unit. The check will be returned to the DCFS Area Financial Coordinator for deposit into the county checking account.

**Local Cash Accounts
Guidelines**

HOW TO REQUEST A CHECK TO REPLENISH THE LOCAL CASH ACCOUNT (LCA)

3.) SHORTAGE OF MONEY DURING THE QUARTER

The DCFS County Supervisor should monitor the quarterly allocation to ensure the county's funds last for the entire quarter. However, if it is determined by the DCFS County Supervisor that there is an immediate client need that exceeds the county's quarterly allocation, the DCFS County Supervisor can accelerate the next quarterly allocation of funds by following the procedure outlined for "HOW TO REQUEST A CHECK TO REPLENISH THE LOCAL CASH ACCOUNT" as long as the amount requested does not exceed the available funds in the budget allocated to the county for the current fiscal year for Cash Assistance, or the approved limit on Foster Care Incidental expenditures.

4.) NO AVAILABLE FUNDING IN COUNTY BUDGET TO REPLENISH THE LCA

If the replenishment of funding for the local cash account cannot be addressed by the procedure outlined in the above paragraph the DCFS County Supervisor should contact the Area Manager to determine if additional funds are available.

Instructions:

(1.) Send Original Letterhead Memo to your DCFS Area Financial Coordinator for review.

(2.) DCFS Area Financial Coordinator review and send **ORIGINAL** to: DCFS Financial Support at Slot S561

MEMORANDUM

TO: General Operations, Purchase Orders, Slot W406, DAS

FROM: DCFS County Supervisor, XXXXX County

DATE:

SUBJ: REQUEST FOR CHECK - LOCAL CASH ACCOUNT

Please accept this memorandum as authorization for a check in the amount of (\$XXXXXX) for deposit into DCFS (XXXXX) County's Local Cash Bank Account. Of the (\$XXXXXX) requested, (XXXXX) is for Cash Assistance Cost Center (Insert AASIS Cost Center from Coding List for Your Area) Internal Order (Insert Internal Order from Coding List for Your Area), General Ledger Account Number 5100001000. The balance of (XXXXX) is for Foster Care Incidentals, (Insert AASIS Cost Center from Coding List for Your Area) Internal Order (Insert Internal Order from Coding List for Your Area), General Ledger Account Number 5100001000.

Thank you for your prompt attention.

DCFS County Supervisor
(Insert County Name)

Date

cc: (), DCFS Area Manager
(), DCFS Area Financial Coordinator

Local Cash Accounts

Guidelines

SOURCE OF FUNDS CODING LIST FOR LOCAL CASH ACCOUNTS

AREA I

CASH ASSISTANCE

AASIS COST CENTER 417361	INTERNAL ORDER I0710S500C	GENERAL LEDGER ACCOUNT 5100001000
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FOSTER CARE

417361	I0710S500F	5100001000
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Area II

CASH ASSISTANCE

AASIS COST CENTER 417376	INTERNAL ORDER I0710S500C	GENERAL LEDGER ACCOUNT 5100001000
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FOSTER CARE

417376	I0710S500F	5100001000
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AREA III

CASH ASSISTANCE

AASIS COST CENTER 417394	INTERNAL ORDER I0710S500C	GENERAL LEDGER ACCOUNT 5100001000
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FOSTER CARE

417394	I0710S500F	5100001000
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AREA IV

CASH ASSISTANCE

AASIS COST CENTER 417414	INTERNAL ORDER I0710S500C	GENERAL LEDGER ACCOUNT 5100001000
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FOSTER CARE

417414	I0710S500F	5100001000
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Local Cash Accounts

Guidelines

SOURCE OF FUNDS CODING LIST FOR LOCAL CASH ACCOUNTS

AREA V

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
417434	I0710S500C	5100001000

FOSTER CARE

417434	I0710S500F	5100001000
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AREA VI

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
<u>CASH ASSISTANCE</u>		

417454	I0710S500C	5100001000
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FOSTER CARE

417454	I0710S500F	5100001000
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AREA VII

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
417466	I0710S500C	5100001000

FOSTER CARE

417466	I0710S500F	5100001000
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Local Cash Accounts

Guidelines

SOURCE OF FUNDS CODING LIST FOR LOCAL CASH ACCOUNTS

AREA VIII

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
417486	I0710S500C	5100001000

FOSTER CARE

417486	I0710S500F	5100001000
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AREA IX

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
417506	I0710S500C	5100001000

FOSTER CARE

417506	I0710S500F	5100001000
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AREA X

CASH ASSISTANCE

AASIS COST CENTER	INTERNAL ORDER	GENERAL LEDGER ACCOUNT
417526	I0710S500C	5100001000

FOSTER CARE

417526	I0710S500F	5100001000
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LOCAL CASH ACCOUNTS

SECTION VI

MAINTENANCE OF LOCAL CASH ACCOUNTS

- MAINTENANCE OF THE LOCAL CASH ACCOUNTS
- THE CLIENT INFORMATION SHEET

Local Cash Accounts

Guidelines

MAINTENANCE OF THE LOCAL CASH ACCOUNTS

Each account will be maintained by the DCFS County Supervisor/Designee(s). Their role will be to maintain the check book and be one of two signatures required on a check. The DCFS County Supervisor/Designee(s) will:

- Ensure that the account is not overdrawn;
- Maintain a current balance for the accounts;
- Maintain a log of expenditures;
- Ensure that receipts or bills are available to document each check written; and,
- Ensure necessary client and vendor identification forms are completed

The DCFS Area Financial Coordinator shall be responsible for account reconciliation, verifying that the expenditures are valid expenditures in accordance with the guidelines and general account management in accordance with procedures outlined in Chapter 201 of the DHS Administrative Procedures Manual for Cash Funds (See Section VIII). The DCFS Financial Coordinator will notify the Area Manager immediately in the event of violations to the guidelines or other discrepancies with the Local Cash Account. In the event the DCFS Financial Coordinator position should become vacant in an area, the DCFS Area Manager shall be responsible for designating someone within the area to fulfill these responsibilities until such time as the position becomes filled. The DCFS Area Manager shall be responsible for ensuring that the designation does not create a violation of these guidelines.

The Client Information Sheet (CFS-333):

The DCFS County Supervisor/Designee(s) will be responsible for maintaining the Client Information Sheets (CFS-333) (See Section VIII) for the Local Cash Account. This form will be applicable to both Cash assistance and Foster Care Incidentals. The form will be numbered utilizing the county number, current fiscal year, and number of the request.

Example: Co: 111-03-0001

1.) The DCFS County Supervisor/Designee(s) will enter the initial amount of funds available to the county for the quarter on the first Client Information Form. The DCFS Family Service Worker will submit a request for funds to the DCFS County Supervisor/Designee(s). The DCFS County Supervisor/Designee(s) upon receiving the request for funds will:

- a.) Verify the amount of funds available,
- b.) Post the amount of the check on the form.
- c.) Total a new remaining balance, and supply the DCFS Family Service Worker with the requested form.
- d.) Move the new balance to the top of the next (pre-numbered) Client Information Sheet (CFS-333) providing for a running balance of the account

The Client Information Sheet (CFS-333) will allow the DCFS County Supervisor/Designee(s) to keep a running total of the accounts. The form will provide the information necessary to reconcile the accounts on the county level. When the initial pre-numbered forms are all utilized, the DCFS County Supervisor can produce more forms by copying and numbering the unnumbered form provided.

Local Cash Accounts

Guidelines

MAINTENANCE OF THE LOCAL CASH ACCOUNTS

The Client Information Sheet (CFS-333):

- 2.) The DCFS Family Service Worker must provide the DCFS County Supervisor/Designee(s) with a receipt of what was purchased with the check within two business days following dating of the check. If the amount of the check exceeded the amount of the receipt, the balance must be returned to the DCFS County Supervisor/Designee(s) immediately.
- 3.) The DCFS County Supervisor/Designee(s) will receipt this overage in using DHS Receipt Form 1079 and deposit this overage into the cash account prior to the bank statement ending date. The **white** copy of the DHS 1079 and a photocopy of the deposit slip will be attached to the Client Information Sheet (CFS-333) to which the overage applies to ensure the amount of the check and the receipt for the purchase balance. The DCFS County Supervisor/Designee(s) will note the deposit to the account on the next Client Information Sheet (CFS-333) and retain the deposit receipt for reconciliation purposes.
- 4.) The number of the check and the number of the receipt both appear on the Client Information Sheet (CFS-333) to allow for reconciliation. If the receipt or bill does not contain a number, use the Client Information Sheet (CFS-333) form number. If more than one receipt is involved in the purchase, number the receipts a, b, c, etc. The form number appears at the top right of the Client Information Sheet (CFS-333).

LOCAL CASH ACCOUNTS

SECTION VII

WHO TO CALL WHEN YOU NEED HELP

Local Cash Accounts

Guidelines

WHO TO CALL WHEN YOU NEED HELP

CASH ASSISTANCE

FOSTER CARE INCIDENTALS

BUDGET OR FUNDS CODING

ACCOUNT MAINTENANCE - CHAPTER 201

The DCFS County Supervisor will be the contact person for questions from DCFS Family Service Workers on the Local Cash Accounts.

The Financial Coordinator will be the contact person for questions from DCFS County Supervisors on the Local Cash Accounts.

The Program Manager for the DCFS Financial Support Unit will be the point of contact for questions from the DCFS Area Managers or the DCFS Financial Coordinator in their Area. Phone (501) 682-8846.

LOCAL CASH ACCOUNTS

SECTION VIII

ATTACHMENTS

- CFS-333 (CLIENT INFORMATION SHEET FOR CASH ASSISTANCE AND FOSTER CARE INCIDENTALS)
- CHAPTER 201 “CASH FUNDS” DHS ADMINISTRATIVE PROCEDURES MANUAL

What is Child Maltreatment?

Child maltreatment means abuse, sexual abuse, neglect, sexual exploitation or abandonment by the caretaker of the child (a parent, guardian, custodian, or foster parent). The caretaker may be anyone who is age 10 or older and entrusted with the child's care. Child maltreatment occurs when the caretaker harms the child or lets harm come to the child, or fails to meet the child's basic needs. Sexual abuse and exploitation are child maltreatment under Arkansas law whether by a caretaker or by someone else.

Who Reports Child Maltreatment?

Anyone who suspects child maltreatment may report. Some people (for example, doctors, teachers and school counselors) must, by law, report suspected child maltreatment.

What Happens When There is a Report of Child Maltreatment?

When the Division of Children and Family Services (DCFS) receives ~~gets~~ a report of suspected child maltreatment, Arkansas law says that DCFS or the Arkansas State Police Crimes Against Children Division (CACD) will assess the report.

What Happens if the Report is True?

DCFS will work with you to make sure that children in your care are protected, and their basic needs met. If you do not protect the children in your care, court action may be taken. Per A.C.A. §12-12-505-506, if there is a true finding of child maltreatment, and you are listed as the offender, your name will be added to the DCFS Central Registry. Under certain situations, your name can be removed from the Central Registry. Please contact your local DCFS County Office for more information.

What if the Report is Unsubstantiated (not True)?

If you are the subject* of a report, you may request a copy of the report. See "Obtaining a Copy of the Report" below. Hard copy records of unsubstantiated reports are destroyed at the end of the month in which the determination is made. Therefore, requests for unsubstantiated reports must be made before the record is destroyed if a complete copy of the record is wanted. Information contained in the automated database will continue to be available to authorized recipients even after the hard copy is destroyed. The Division will not release any information regarding a pending child maltreatment report. If requested, DCFS can tell the court and the prosecuting attorney about the report.

How Can I Find out What DCFS Learned?

DCFS will tell you in writing. You will not be told who made the report. If you have been named as an offender in a true report, and you do not agree with the finding, you have 30 days from the date you are handed the written notice, or the date it was mailed, to ask for a hearing to appeal the finding.

Obtaining a Copy of the Report

If you are the subject* of the report, send a written, notarized request to get a copy of your report. The written request must give your name and address and the name of the child(ren) involved.

If you are a parent requesting a copy of a child maltreatment report on your child(ren), and you are **NOT** a subject* of the report, your request must include a statement attesting to your legal relationship to the child(ren).

***A subject of the report includes the offender, the victim child and the victim child's parents (custodial or non-custodial), the guardians or legal custodians of the victim child.**

Where do I Send the Request?

You should send the written, notarized request to:

**Arkansas Department of Human Services
Division of Children and Family Services
Central Registry Unit
P.O. Box 1437, (Slot S566)
Little Rock, Arkansas 72203-1437**

If I Have More Questions, Where Can I Get the Answers?

Call your own attorney or Legal Services in your community, if you have any legal questions.

Call your Family Service Worker or Licensing Specialist, if you have questions about available services.

Family Service Worker

Phone

Licensing Specialist

Phone

This information is available in different formats such as: large print, audio tape, etc. If you need another format, contact the Division's ADA Coordinator at 682-8760 or TDD 682-1442.

PUB-052 (R.00/2003)

Child Protective Services: A Caretaker's Guide

**ARKANSAS DEPARTMENT of
HUMAN SERVICES**